I am Valerie Przywara. I worked for almost 30 years as a psychologist providing outpatient treatment for a major health care system. It was through that experience, at least in part, that I became a health care reform advocate.

The tab for administrative costs starts with the first phone call. It takes significant staff time to determine what benefits each patient has and convey that information to overworked health care providers. The tab goes up with paperwork and phone calls and paperwork insurers require from providers to authorize their use of the patients benefits. It doesn't stop there, billing insurers (with differing systems and requirements) and getting payment is a tug of war that continues to escalate costs. In fact there are whole industries that work for either providers or insurers to help them either get or withhold payments. Is that the way we want our health dollars to work for us?

Benefit packages vary wildly and providers often tailor their treatment plan to the insurance package rather than the best, least costly intervention. For example, I saw a patient whose policy covered inpatient treatment for alcohol dependence but not out-patient. While he could have benefited from the less costly outpatient option, he couldn't afford to assume the whole tab. High drug co-pays are also a problem. In a recent case, a patient could afford to purchase only 1 of her 2 medications and taking just the 1 precipitated an episode that resulted in her hospitalization. While my experience is in behavioral medicine, I know these problems occur in every kind of medical service.

No one owns enough of the system to institute the changes necessary to reduce costs and increase access. Health care costs become a hot potato that providers, insurers, patients and employers toss around. We need your help to institute policies and legislation that can address the big picture so we can spend more of our health care dollars on health care.

Thank you

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